

**Mid-Michigan Regional Sobriety Court
-Referral Form-**

County: Gratiot Montcalm Clinton

Referral Date: ___/___/___

Case #:

Defendants Name: _____ D.O.B: ___/___/___
Last First MI

Address: _____

Phone: _____

Attorney: _____ Attorney Phone: _____

Source of Referral: Attorney for _____

Recovery Court Eligible Charge: _____

Plea Agreement (if applicable): _____

Initial Screening Date: ___/___/___

Treatment Provider Screening Date: ___/___/___

Team Review Date: ___/___/___

Approve Entry into the Sobriety Court Program

The Sobriety Court Team has Declined Defendant for participation in the Sobriety Court Program

Sobriety Court Coordinator Signature

___/___/___
Date